



AKSI STOP AIDS PROGRAM
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1. INTRODUCTION

During this quarter, the Aksi Stop AIDS Program has continued to develop, making excellent progress towards its goals for Year Four. A total of 91 subagreements are in place throughout the ten target provinces, collectively providing outreach to over one million people most at risk of HIV/AIDS, STI clinical services to over 20,000, care and support to several hundred people living with HIV, and voluntary counseling and testing services through a newly established network. Those activities continue to be supported by better organized AIDS Commissions in most areas, increasing numbers of private sector organizations, and quality mass media campaigns. Other highlights follow.

The Government took an important step towards addressing the issue of stigma and discrimination against people living with HIV/AIDS this quarter by enacting a Ministerial Decree on HIV/AIDS Prevention and Control in the Workplace. Though the technical directives to support the decree have yet to be put in place, this is a highly significant piece of legislation that ensures the basic right of people with the virus to work without discrimination. Through continued advocacy and technical support, ASA and its donor partners, particularly ILO and IHPCP, were instrumental in the development of the decree.

Also this quarter, the Ministry of the Health (MOH), BPS and ASA embarked on a new round of the Behavior Surveillance Survey (BSS), an important component of HIV/AIDS surveillance. Properly analyzed, the data from behavioral and serological surveys can together help program planners and policy makers develop a better understanding of trends in the epidemic and design interventions accordingly. This round of the BSS has also been a good exercise in collaboration: although it is government-led, several NGOs have contributed their expertise to the design of the questionnaires and the development of appropriate approaches to the survey subjects.

2. PROGRAM IMPLEMENTATION AND ACHIEVEMENT

This section outlines the activities that have been implemented in support of each of the five key result packages (RP) during this quarter.

RP1: Increased Risk Reduction Behavior and Practices

1.1 Female Sex Worker Peer-led Interventions and Client Interventions

Much of the quarter was taken up with training new outreach workers and coordinators from several implementing agencies (IAs) recently contracted to work on encouraging behavior change among female sex workers and clients. The training covered HIV/AIDS knowledge, and the communication and advocacy skills needed by NGO personnel in the field.

Basic Outreach Skills Training

Location	Number of Trainees	D a t e s
Medan	8	June 7 – 5
Banyuwangi	34	June 14 – 18
Jakarta (for Palembang, Bandung, Jakarta and East Timor)	55	June 21 – 25
Karimun (for Batam)	18	June 28 – July 02

One of the Basic Outreach Skills Training courses was provided for 16 outreach workers and two directors from a new implementing agency, Yayasan Batam Tourism Development Board, which works specifically with tourists entering Batam, providing HIV information to potential sex tourists.

Basic Outreach Skills Training was also provided for The Catholic Diocese of Agats, a church organization that conducts outreach to the Asmat community in Papua.

Many IAs that already have experience implementing outreach activities also continue to need assistance with applying what they have learned in more effective ways, and expanding and developing their range of skills. This has been particularly important over the last year as ASA has tried to encourage NGOs to increase their coverage by focusing more on repeated group contacts than on individuals. This calls for adjustments in both planning and approach. During this quarter, refresher training for experienced outreach workers and program managers focused on enhancing skills in problem analysis and finding alternative solutions, as well as documentation and reporting.

Refresher Training for Outreach Workers and Program Managers

Location	Number of Trainees	D a t e s
Medan	21	June 7 – 8
Sorong	20	June 14 – 18
Karimun (for Batam)	49	July 1 – 3

In Papua, the BCI team took part in an orientation for ASA's new district officer in Sorong. Together with the respective KPADs and staff from ASA Jakarta, several potential new implementing agencies were identified in both Sorong and Mimika. In addition, ASA worked with Yayasan Sosial Agustinus Sorong on updated mapping of entertainment districts and the fishing industry in Sorong to discover potential sites for outreach.

Uniformed Services

On 30 June an induction ceremony was held for the 220 Army, Air Force and Marine peer leaders who have been trained in peer education skills by armed forces trainers since January. Each participant was given a peer education kit comprising information about HIV and STI, teaching aids and a guidebook, as well as a commemorative pin and cap. Thus equipped, the peer leaders have already begun to use their skills,

disseminating knowledge on HIV/AIDS among their colleagues, encouraging discussion, and answering questions. ASA is preparing to provide technical assistance for peer leader trainers to establish a mechanism to regularly supervise their trainees.

As the program is still in the trial stages, all the peer leader activity has so far taken place in Jakarta. The need is probably greatest, however, where troops are stationed for long periods in the field, away from their families and often under difficult circumstances. Planning has now begun for peer leader training in other provinces, beginning with one of the key priority regions, Papua. Core trainers from Jakarta will train future Peer Leader Trainers in Jayapura in August.

IEC Materials Development

Most of the new materials produced this quarter are aimed at men. For MSM, there are three new leaflets designed to provide basic information on STI. Each leaflet deals with a different infection. In addition, a 'lifestyle' booklet for MSM addresses some facts and myths about HIV/AIDS; and six postcards have been designed to serve as 'reminders' about safer sex. Each design targets a particular subgroup, i.e. waria, male sex workers or gay men. These materials will be launched at the Male Sexual Health Conference scheduled for September, and will subsequently be used in outreach and clinics.

Other, more general materials for men deal with the HIV risks associated with penis enlargement and accessories. These materials will be used for clients, including the uniformed services, for MSM, and in prisons.

1.2 Prevention Marketing

A new phase of the mass media campaign was launched in April. The campaign is running simultaneously through television, radio and print media, and is promoting two key messages: condom use to prevent sexual transmission of HIV, and warnings about the risk of HIV transmission through injecting drug use. The condom use messages are being delivered through revised public service announcements (PSAs) from the previous campaign, which was aborted in 2002 after pressure from conservative religious groups. Though the campaign is already running on four TV stations (TPI, TVRI, TransTV and LaTV), only three of the five PSAs are being aired; meanwhile the other two are awaiting approval from the KPA due to their more controversial content (they include scenes in a brothel).

The PSAs with IDU messages, which are being aired on MTV, RCTI and Indosiar, comprise re-enactments from previous talk shows with various prominent figures and PLWHAs speaking about HIV and injecting drug use. A full campaign focusing on IDU is now being developed. The concept will be pretested with the target audience at the beginning of July.

Television has a far greater reach than other media in Indonesia and is potentially one of the most effective means of reaching mass populations—like men who buy sex, students, or the general population—that tend to be larger and more dispersed than

other 'at risk' groups. As a result, ASA has been exploring other opportunities to deliver HIV/AIDS messages through this medium. Currently ASA is collaborating on a *dangdut* music show on TVRI, which has been getting satisfactory audience share figures.

While TV is valuable for conveying broad messages to mass audiences, newspapers and magazines play an important role by supplying more detailed, in-depth coverage. ASA has therefore continued to support Lembaga Pers Dr Soetomo (LPDS) in encouraging journalists to increase the scope and sensitivity of HIV/AIDS coverage, particularly the print media, through monthly meetings that are attended mainly by newspaper reporters. The featured topics this quarter were the HIV prevention program in prisons, women and HIV, and life skills.

Among its other activities over the year LPDS was also active in promoting a writing contest for journalists, the results of which were announced in May. The winning article was a feature on IDU in West Java published in Gatra Magazine, while the runner-up examined the issue of discrimination. The first prize is a trip to the International HIV/AIDS Conference in Bangkok in July.

ASA has continued to work with Muhammadiyah, one of Indonesia's two largest Islamic social organizations, on the publication of a book of sermons examining various HIV/AIDS issues. The book is intended primarily as an aid for preachers in mosques throughout the country but the content will also be disseminated through the organization's other activities, such as women's groups and youth groups. The final publication date is set for July, once a number of corrections have been made.

ASA is currently in discussions with a number of groups under Nahdlatul Ulama, the country's more traditionalist Islamic organization, on whether they will endorse the Muhammadiyah sermons or develop their own. Negotiations are also underway for the development of a radio talk show to focus on HIV issues from an Islamic view point.

Other ways to reach mass audiences are also being explored. Wayang, the highly distinctive art form that uses leather puppets to relate stories based on the Ramayana and Mahabharata epics, is still highly popular. Wayang performances currently attract an audience of some 17 million throughout Java alone, and in the past have been used successfully to convey family planning messages. ASA is now supporting a collaboration between KKI and Sinar Wangi Wayang, the national organization of *dalang*, or wayang puppeteers, to find ways of delivering HIV/AIDS prevention messages through wayang performances. One performance took place on June 24 and was recorded for television. ASA and KKI have developed modules for a TOT, which will be implemented in July in Solo, Central Java for 20 *dalang* instructors. They will train 40 groups of 4 to 5 *dalang* each, producing a total of 200 trained *dalang* by the end of 2004. The inaugural performance will be on August 20 in Jakarta and the president is expected to attend.

Occasionally situations arise that have to be dealt with as emergencies. In June, ASA, DKT and the KPA reacted swiftly to counter an article that appeared in national news magazine 'Tempo' revealing a purported relationship between condoms and cancer. The three organizations organized a press conference, inviting speakers from WHO,

BKKPN and the KPA to refute the claims, which were originally published—and subsequently rejected—by Reuters.

Social marketing organization DKT hosted an event on May 13 at the Shangri-La Hotel, Jakarta, to mark the launch of a condom and water-based lubricant campaign. The event was attended by the press, private sector companies, women's organizations, and other NGOs. Several speakers, including KPA consultant Dr Nafsiah Mboi and representatives of various youth organizations, were on hand to lead interactive dialogs. A number of radio stations have been following up the campaign.

1.3 Strategies Targeting MSM

Activities aimed at promoting safer sexual behavior among men who have sex with men have so far been focused mostly in key cities in Java and in Jayapura. During this quarter, preparations were made for an MSM assessment in Batam. Under Rapid Response Funding, an assessment will be carried out to map waria, male sex workers and gay men in Batam to determine the potential for outreach programs in the district.

Care and support is not just an issue for the medical community. Various gay and waria organizations have been running buddies programs for several months and there is now a trained core of buddies who provide care and support for PLWHA. These groups need continued support, however, so that they can improve the quality and scope of the care and support they provide. This quarter, several participated in care and support training in Jakarta and Surabaya. This is reported in more detail below, under Section 2.2: VCT, Care and Support.

1.4 Strategies Targeting IDU

Understanding the behavior of groups at high risk of exposure to HIV is a key component in understanding the dynamics of HIV transmission and the impact of interventions to induce behavior change. Over the last few years, ASA has supported MOH and BPS in carrying out surveillance of risk behavior. The 2004-2005 round of BSS includes, for the first time, a survey of IDU at a number of sites. IDU behavior surveillance took place from April 12–15 in Surabaya, using the respondent-driven sampling (RDS) method. This method was previously used by Surabaya-based Talenta, one of ASA's IDU implementing agencies, as a peer recruiting system. RDS has proved to be effective with hard-to-reach populations that are difficult to sample with more common methods. ASA provided technical assistance and training for BPS in the use of RDS.

Government campaigns to halt drug abuse notwithstanding, the number of drug users in Indonesia continues to rise, especially among young people. Facilities to deal with this remain inadequate. There are too few agencies that can advise injecting drug users of the HIV risks involved and refer them to 'safe' sources of support and testing. ASA is expanding support to NGOs that are suitably qualified to deliver such programs. One newly contracted NGO is Yayasan Kharisma, whose staff underwent Indigenous Leader Outreach Management (ILOM) training in Jakarta from May 10 to

14. Eleven staff from Kharisma were joined on the training by five observers from ASA's provincial staff, the Jakarta Police and the Ministry of Social Welfare.

Other NGOs receiving technical assistance over the quarter included new IAs in Malang and Semarang. TA was also provided for a new NGO in Palembang, where results from the last BSS indicated that the number of sex workers also injecting drugs was higher than in any other city surveyed.

A common problem of all interventions to encourage reduced risk behavior under the ASA program has been the tendency for referral systems not to work as well as intended—a relatively small number of those reached by behavior change interventions go on to seek counseling, treatment, or testing. Ways of encouraging more effective referral systems was one of the topics discussed at the coordination meeting for NGOs working with IDUs from May 16 to 19, organized by Jangkar, the ASA supported NGO forum for harm reduction and ASA partner, AHRN. The discussion also looked at how to build better relationships with the police.

West Java is a target province of both IHPCP and the ASA Program. As such, there is great potential for overlap and duplication of resources, as well as confusion on the part of the implementing agencies regarding the respective roles of each program. To reduce the possibility of this happening, ASA and IHPCP held a meeting on June 1 to discuss the coordination of their respective IDU-related programs in Bandung.

Regular meetings will continue to be held on this and other activities to ensure that communication between the two programs is effective at the province level as well as at central level.

In June, the IDU team traveled to the USA and Puerto Rico as part of an initiative funded by the University of Illinois at Chicago to strengthen links between researchers. In Puerto Rico, they attended the NIDA (National Institute on Drug Abuse) International Forum, which included a scientific writing workshop, a symposium on drug research, and presentations by NIDA and other international agencies on various aspects of field research, as well as a meeting of the College on Problems of Drug Dependence. Discussions were held with Judith Levy of UIC and Steve Gust, International Program Director of NIDA, on the possibility of developing training and starting a program on drug trend monitoring in Indonesia. In Chicago, the team visited a number of field stations of the Community Outreach Intervention Program. The ILOM approach used by ASA for its IDU interventions originated under this program.

Links with international research were strengthened through ASA's participation in an APD-funded sexual network study being conducted in Indonesia and Bangladesh. Discussions were held this quarter with Al Pach, a researcher from Nepal, who is leading the ethnographic study. Towards the end of the quarter, APD's harm reduction advisor visited Jakarta to conduct a technical review of the IDU program on June 24 and 25 and also observed activities at Kios Atma Jaya. Various means of strengthening the strategy for preventing HIV transmission through IDU were discussed, focusing on how behavior change facilitation could be strengthened. One of the conclusions was that more creative implementation needs to be enhanced through stricter monitoring of all the projects.

The IDU team attended the International Harm Reduction Conference in Melbourne from April 19 to 25 together with a delegation of eleven participants from the GOI and partner NGO's.

1.5 Strategies Targeting People in Prisons

The urgency of providing access to prevention, counseling, and care for prison inmates was highlighted by recent data indicating that the majority of new infections are now originating in prisons. A meeting of the National Working Group on Prisons on April 12 and 13 included a seminar for 11 prison governors and several local health authority heads to discuss possible mechanisms for cooperation.

Some of the more proactive provinces have already established local committees to address the problems. The West Java Working Group on Prisons was officially established on May 13. The group, which is based in the provincial Justice and Human Rights Office (Kanwil Kehakiman), comprises governors of prisons throughout the province, officials of the provincial health authority, heads of regional health authorities in districts and municipalities where there are prisons, and interested NGOs. The group's activities will be followed up by the national working group, while ASA and IHPCP are providing financial and technical support.

Since the Ministry of Justice and Human Rights (MOJ&HR) is still a centralized institution, all prisons are directly under its jurisdiction (through the Directorate General of Correctional Institutions). However, they have very limited funding for health services in prisons. The Ministry of Health, meanwhile, has largely devolved control of health budgets to district governments. The principal function of the West Java Working Group is therefore to facilitate the establishment of cooperative relationships and agreements directly between prison officials and local health service providers, including heads of local health authorities, hospitals, and community health centers. At a minimum, these agreements are expected to ensure supplies of basic medications, and that care and treatment is available to inmates with TB and HIV through local health services. There are plans to establish a similar working group in Greater Jakarta later this year.

The seminar in April underlined the need for education on HIV/AIDS for prison staff, and MOJ&HR officials are realizing that this needs to be institutionalized and delivered through official mechanisms. On May 28, ASA facilitated discussions at the Ministry's training center on the development of an HIV prevention education curriculum for a proposed integrated TB/HIV/STI program for prisons. Once established, this training would be delivered to all newly recruited prison staff through the Ministry's training centers.

Until this system is up and running, prison staff will be trained through a series of pilot programs where the need is most urgent. This quarter, training began for prison officers in Pondok Bambu and Salemba prisons on basic HIV/AIDS and drug abuse information in order to sensitize staff to the key issues, including avoidance of discrimination against HIV positive prisoners. The two-day training will be

undertaken in several batches to cover all staff. The next step will be to provide education for the inmates of these prisons.

The pilot training program that has been running for several months in Paledang Prison, Bogor, will be extended for another year for both staff and inmates, who have a weekly training session on HIV issues and prevention. A more comprehensive program is currently being developed by ASA, IHPCP and CHR-MBI, who are collaborating on the writing of training modules for inmates. These will be trialed in five prisons in Jakarta and Bogor in July.

1.6 Greater Involvement of People With AIDS

Through their direct experience of living with the virus, people living with HIV/AIDS can contribute a great deal to curbing the spread of the epidemic and mitigating its impact. HIV positive people have important roles to play at all levels, but one of the most essential is in providing counseling and support for others living with HIV. This kind of support will be increasingly important as more people have access to ART and problems with adhering to the treatment begin to emerge. This quarter, several PLWHA have participated in care and support training in Jakarta, Surabaya and Bogor. This is reported in more detail below under Section 2.2: VCT, Care and Support.

Tegak Tegar continued to stage photo exhibitions and present their perspective on positive living. Tegak Tegar is one of only a few NGOs in the country consisting of and managed solely by PLWHA, and they have played an important role in putting a human face on the disease and demonstrating to the public that it is possible to continue living healthy, productive lives after being infected with HIV. One of the biggest events this quarter was a photo exhibition held in the lobby of the Standard Chartered Bank building in Jakarta from June 22 to 25. This was sponsored fully by the Bank and gave an opportunity to provide information on HIV/AIDS and VCT to the general public and hundreds of workers in the building. Similar exhibitions, jointly funded by ASA and the companies concerned, were held at the World of Work event at Le Meridien Hotel (May 6), at the VICO headquarters in Kuningan Plaza (May 27–28) and at BP's Jakarta headquarters in south Jakarta (May 30 – June 2). All exhibitions were open to the public.

The KPAD and several NGOs organized a campaign against stigma and discrimination in Semarang, Central Java, from May 17 to 19. The event featured Tegak Tegar's photo exhibition and several bands, a candlelight memorial ceremony and discussions as well as the screening of two films—one Indonesian and one produced by UNICEF—about living with HIV.

RP1					
Indicators	Target FY04	QI	QII	QIII	Total FY04 to Date
~Outreach and BCI Contacts*					
-FSW	18,539	9,355	11,128	17,434	37,917
-IDU	8,000	485	1,833	1,341	3,659
-MSM	7,463	5,271	5,895	5,703	16,869
-Clients (including workplace programs)	1,203,000	312,463	288,064	354,586	955,113
~Referrals to STI Clinics Made					
-FSW	12,400	1,607	3,906	4,056	9,569
-IDU	37	168	310	911	1,389
-MSM	1,500	383	1,796	1,753	3,432
-Clients	6,800	537	2,514	1,807	4,858
~Condoms Distributed	2,500,000	1,250,122	238,304	221,432	1,709,858
~Safer Sex Packages	80,000	38,676	49,259	-	87,935
~Disinfectant Kits (bleach)	10,000	1,553	2,212	2,038	5,803
~Media Spots (new)	10	-	2	4	6
~Persons Trained in BCC	81	44	15	92	151
	Target FY04	QI	QII	QIII	Current Number
~Active PE					
-FSW	500	215	288	282	282
-IDU	400	103	96	123	123
-MSM	100	91	103	107	107
-Clients	100	45	432	408	408
~Active Condom Outlets	340	243	265	340	340
Notes:					
* New contacts only					

RP 2: Strengthened HIV and STI Services

2.1: Improved STI Diagnosis and Treatment

Between June and November 2003, ASA and the MOH collaborated on a study of Reproductive Tract Infections (RTI) among female sex workers in seven cities. Analysis of the full set of data has been carried out over the last few months, and in June the results were disseminated in Palembang, Medan, Semarang, Banyuwangi, Jayapura, Tanjung Pinang and Manado/Bitung. These meetings provided an opportunity to advocate to local health authorities for more support for the HIV prevention program. A wide range of stakeholders attended the meetings, including representatives from the KPA, officials from the local health, education and tourism authorities, brothel owners, and representatives of sex workers.

Recognizing the need for continuous monitoring of trends in STIs in order to track risk factors and behavior trends, ASA and MOH held a workshop in Bogor from March 31 to April 2 to establish an STI database. This allows data from all STI clinics to be entered and analyzed, and will greatly facilitate monitoring of both STI prevalence and clinic activities.

A field trial to study gonorrhea susceptibility was initiated in March with training for specimen collectors and lab staff. Specimen collection began this quarter, and from April 7 to 17 ASA provided technical assistance to the participating clinics: the local health center (PKM) Putat Jaya in Surabaya, PKM Sumber Pucung in Malang, Griya PKBI in Semarang and PKBI Tegal. The assistance covered sampling, preparing and sending specimens to the Provincial Health Laboratory in Surabaya, and distribution of the Jembec medium for the culture. Between April 24 and May 1 ASA collaborated with the local MOH unit on the sampling of specimens in Banyuwangi. A total of 241 FSW from six locations in the municipality participated concluding the first round of the field trial.

The results from the first round indicated 41% resistance to Ciprofloxacin. As a result its use as the primary medication for gonorrhea has been discontinued in ASA-supported clinics. Unfortunately, the alternatives are still very expensive. ASA has therefore made a formal report to MOH and is advocating for the Directorate General of Medical Care to provide a generic medicine as an alternative.

Over the last several months ASA has been contributing to the updating of the National Guidelines on STI Management. On April 23 and 24 the STI team were invited to take part in a workshop organized by the MOH and GFATM to finalize the guidelines, together with representatives from nine teaching hospitals.

Quality control of the services provided by ASA-supported clinics continued throughout the quarter with evaluation of medical records and slides. Of 2000 records evaluated, 75 indicated misdiagnosis or mistreatment, or both. This is an improvement on the previous evaluation. Of 1,451 methylene blue slides examined, 256 were found to have been misinterpreted, a slight decline from the previous evaluation. This was due to the fact that the survey included three new clinics in Batam, Bandung and Tanjung Pinang whose staff had not yet been trained. These three new clinics

misread 61% of their slides, while those clinics already trained by ASA misread only 12%.

Regular monitoring of all sites continued as well. Between May 11 and 15 the STI team provided technical assistance to clinics in Batam, Tanjung Balai in Karimun, and Tanjung Pinang. Clinics are still failing to attract clients in sufficient numbers, and all implementing agencies were warned that performance—with regard to number of clients—needed to be improved. However, some creative solutions are needed. During a technical monitoring visit from June 21 to 23, ASA developed a new fee-for-service subagreement with YBHK for its clinics in Bitung and Manado. Under this system, 70% of staff salaries is allocated under the grant, while the rest is covered by a nominal fee paid by ASA for each client served on an incremental basis. This is similar to the incentive system set up with the Putat Jaya Clinic in Surabaya. They will aim to reach a target of 600 clients per month at their two clinics, serving FSW, clients, and IDU. If successful, this approach will be introduced to other clinics to motivate more active participation by the clinics in promoting and providing user-friendly services.

Several recently contracted clinics participated in STI clinical management training in Palembang from May 24 to 29. Each clinic sent a full team, comprising a doctor, a paramedic, a lab technician and an administrator. Of the six ASA-supported clinics, three were from South Sumatra, two were from Riau, and one from West Java. Four additional clinics—three from West Java and one from West Kalimantan, at the request of UNFPA—also took part in the training.

The task of preparing the country's health services for the scaling up of ART provision in relation to the 3 x 5 initiative continues to require significant resources and cooperation from all key donors. ASA collaborated with MOH, GFATM, WHO, and IHPCP on a TOT for HIV testing for laboratory technician trainers. A total of 19 trainers from seven labs took part in the training, held on May 29 and 30. Some of these trainers were then involved in HIV Testing Training held the following month (June 14–19) for 44 lab technicians and clinical pathologists from 25 ART hospitals from across the country.

ASA sponsored five doctors (two from ASA and three from RSCM) to take part in training on clinical management and sexual health issues among MSM and transgenders. The course was organized by FHI's APD and the Bangrak Hospital in Bangkok from June 21 to 25.

2.2 VCT, Care and Support

One of the key constraints to making progress with effective HIV prevention is the very low percentage of people thought to be infected with HIV who are aware of their HIV status. One problem is that too few facilities are available for VCT, and too few people are accessing them. ASA is trying to address this in a number of ways, including assisting the key VCT partner, YMI, with social marketing to the principal target groups—sex workers, clients, IDU and pregnant women in Jakarta and funding for VCT Services throughout the ASA target provinces.

Two VCT Rapid Assessments took place this quarter, combined with advocacy to local government officials. The first was in Tanjung Balai Karimun, from May 10 to 15, in association with the MOH and the local health authority. One potential site was found, and recommendations were submitted to the local KPAD. The second assessment was carried out in Semarang between June 15 and 18.

Preparations to expand VCT to increase the number of people accessing treatment at the 25 designated ART hospitals across the country have continued. A total of 98 people took part in VCT Training from April 19 to 24 at the Hotel Oasis, Jakarta. The training, which covered HIV counseling and ART adherence counseling, will be followed up by monitoring visits to each institution by ASA, MOH and IHPCP.

Involving lay people in care and support is crucial since friends and family members are, in most cases, the ones who take most of the responsibility for caring for people with HIV/AIDS. Gay and waria NGOs like Srikandi in Jakarta have been running buddies programs for some months. This quarter, the VCT team provided technical support for a buddies meeting held by waria organization Yayasan Srikandi Sejati on April 30. This was a routine meeting with opportunities for evaluation and assistance for 18 buddies. A direct funding proposal was developed for care and support training for another waria NGO, Surabaya-based Perwakos.

In June, 18 buddies and seven outreach workers and coordinators from Srikandi took part in care and support training in Cisarua, Puncak (June 1-5). The following week, from June 7 to 11, the same training was conducted in Surabaya for 22 buddies and outreach workers from gay, transgender and PLWHA NGOs in East Java. The training focused on counseling skills, living positively with HIV, more in-depth knowledge about the virus and other associated infections, and ART, including support for adherence to the treatment. Some of the participants in these courses also took part in the Complementary and Alternative Medicine Training reported in the following section, Clinical Care and Treatment.

Nineteen participants underwent case management training as part of an integrated Care, Support and Treatment training held in Jakarta from April 26 to May 1. More details of this are in the following section.

Clinical Care and Treatment

Participants from 25 hospitals took part in Care, Support and Treatment Training from April 26 to May 1 at the Hotel Oasis in Jakarta. The training was delivered by ASA and MOH trainers and included modules on ART. Most of the month of April was taken up with preparation and refining the modules, which are based on the WHO's training outlines. Each hospital was represented by a team of one or more doctors, a nurse and, in most cases, a case manager (there were 42 doctors, 24 nurses and 19 case managers). Although each group follows its own curriculum, there are joint sessions where the teams worked together on specific case studies. The expected outcome of such training is that teamwork and communication among each element will be strengthened, resulting in a better quality of care for people with HIV/AIDS.

HIV/AIDS treatment is a rapidly moving field, and it is important to keep abreast of new developments and practices. In May, Hendra Widjaja attended a short course on HIV/AIDS treatment under a scholarship from the Arthur Ashe Foundation at Presbyterian Hospital in New York, and expects to apply some of this training over the coming months.

The current emphasis on access to ART notwithstanding, a purely clinical approach to treatment is not the answer for everyone. Naturopathic remedies, meditation, and other therapies have so far remained largely untested but could potentially complement or substitute more orthodox treatment in many cases. These approaches were introduced during Complementary and Alternative Medicine Training held at Taman Sringganis from July 17 to 22, which aimed to demonstrate a number of alternative, natural means of preserving health. Fourteen PWHLA and activists took part.

RP2					
Indicators	Target FY04	QI	QII	QIII	Total FY04 to Date
~Appearing at clinic					
-FSW	12,400	3,178	5,226	6,853	15,257
-MSM	750	138	761	559	1,458
-Clients	3,400	826	957	1,724	3,507
~Clinic Personnel Trained	136	19	-	83	102
~# of Simple Lab-test Performed					
-FSW	12,400	2,682	5,023	5,991	13,696
-MSM	750	88	616	489	1,193
-Clients	3,400	557	980	1,009	2,546
~# of VDRL/TPHA Performed					
-FSW	12,400	1,488	1,590	2,545	5,623
-MSM	750	8	148	180	535
-Clients	340	10	14	24	48
~STI Screenings Performed					
-FSW	24,800	2,683	4,998	6,378	14,059
-MSM	750	88	690	505	1,283
	Target FY04	QI	QII	QIII	Current Number
~# of PLWHA Receiving Care and Support Services	300	75	251	264	264

RP 3: Enhanced Capacity and Quality of Government of Indonesia HIV/STI Surveillance Systems and Their Use of Epidemiological Data in Key Decision Making

Surveillance

In 2002, the MOH began to use national estimates of the size of populations at risk—sex workers, their clients, MSM, IDU—to calculate the likely rate of HIV prevalence nationwide. The huge discrepancy between the official statistics on the number of cases of HIV and AIDS in Indonesia and the 2002 estimates of the number of people infected nationally indicates the scale of the problem Indonesia faces in responding to the epidemic: tens of thousands of people are very probably infected but unaware of their HIV positive status. To keep abreast of trends in the epidemic, estimates need to be made on a regular basis. To facilitate this process, the MOH, BPS, and ASA have begun to train provincial officials to make reliable local estimates of populations at risk and HIV prevalence in those populations. A population estimation workshop was held from April 13 to 16 for 40 staff from districts in the provinces of Riau and Riau Islands. The workshop included training in the use of the surveillance database.

Final preparations were made for the 2004-5 round of the Behavior Surveillance Survey. Between April 20 and 23 ASA, BPS and the MOH revised the BSS questionnaires for all population groups. Staff from NGOs working with MSM were invited to give input on the questionnaires for gay men and waria. The standard operating procedures for each group were also revised.

To facilitate the selection of samples, ASA provided support for the development of new mapping software. In response to suggestions made during the BSS Lessons Learned session last year, BPS designed the CIS (Cluster Information Sheet), an innovative mapping database that allows for standardized sample selection.

Between May 17 and 21, staff from BPS provincial offices in Greater Jakarta, West Java, Central Java, East Java, North Sumatra, South Sumatra and Riau were trained to use the new CIS and introduced to the updated SOPs. ASA also provided technical assistance for similar training in West Kalimantan, funded by WHO. The following month, staff at all BPS offices in the target provinces were trained on how to implement the BSS among sex workers and clients.

Previous rounds of the BSS have not covered either MSM and IDU, though separate behavior surveys have been made of these populations. The scope of the survey has been expanded this year to include these two key high-risk groups at certain sites. Preliminary mapping of MSM in Jakarta was completed in June and the survey will begin in July. BPS interviewers will be assisted in the data collection process by staff from NGOs working with MSM. The IDU survey began in May in Surabaya and as of the end of June, data had already been collected from 150 drug users. The target of 300 is expected to be reached in July or August. For IDU, the respondent-driven sampling (RDS) method was chosen over more traditional methods because of its greater effectiveness in reaching 'hidden' populations. Several of ASA's IDU

implementing agencies have already been trained in this method as a means of recruiting new IDU for referrals and peer education.

Strategic Planning

Several more provincial and district AIDS commissions (KPA's) have completed or are nearing completion of strategic plans this quarter. Strategic planning workshops involve, on average, some 30 participants, representing the relevant government agencies, NGOs and, in some cases, the private sector. The plans are closely based on an analysis of all the data available in the province or district, particularly BSS data, serosurveillance data, and population estimates. Once the plans are complete, they are forwarded to the head of the region—the governor, regent, or mayor—for approval. An exposition process follows, during which the plans are introduced and clarified to relevant local stakeholders.

Strategic Planning Workshops

KPAD	Number of Participants	D a t e s
KPAD Prabumuli	25	April 16 - 19
KPAD Batam	118	May 10 - 15
KPAD Malang	20	May 26 – 28
KPAD West Java Province	35	June 9 – 10
KPAD Riau Province	25	June 9 – 12
KPAD Pekanbaru	35	June 14 - 17
KPAD Minahasa	30	June 14 – 18
KPAD Tanjung Pinang	35	June 21 – 22
KPAD Mimika	44	June 29 – July 2

In Sumatra, Prabumuli District completed their plan and will follow up with a series of activities to get support for its implementation. The provincial government of West Java also completed their plan and introduced it to all district heads in the province. The planning process will now be repeated at district level. In Minahasa municipality and Riau province, the plans have been completed and will be introduced to the relevant districts/agencies over the next month. Malang municipality has completed the first draft and submitted it to the mayor for approval. In Pekanbaru and Tanjung Pinang, where meetings took place in June, the plans are still being drafted.

Advocacy

Currently, Papua is the only province in Indonesia where the epidemic appears to be making headway among the general population. With the majority of infections developing through sexual transmission, understanding how best to shape and target interventions calls for some insight into the sexual behavior patterns of the people in the region. The Papua Sexuality Workshop, held in Jayapura on June 8 and 9, focused on how to develop communication strategies for Papua that take into account culture in widely disparate communities. Drawing on operational research in the province, participants tried to develop a framework for understanding the drivers of sexual behavior from both men's and women's points of view, and made recommendations

for further research. The workshop was organized by Cendrawasih University (UNCEN), with support from IHPCP and ASA, and was attended by representatives from the government, universities, and local and international NGOs, including UNICEF. Medical anthropologist Helen Pickering was invited as a consultant and may assist UNCEN in conducting research on some of the recommended topics.

ASA has continued to support the Indonesian Forum of Parliamentarians on Population and Development (IFPPD) to mobilize legislators for a more conducive legislative environment for HIV/AIDS prevention and care. In the next few months IFPPD will be carrying out person-to-person advocacy for the new intake of MPs elected in April, and going to priority provinces to build support in local parliaments. This will be supported by the HIV/AIDS factsheets produced by IFPPD and ASA and bearing the national parliament logo. Two were produced this quarter, covering, respectively, sexual transmission of HIV and transmission via IDU. Two thousand copies of each of these and the previously produced factsheet on the Sentani Commitment will be printed and distributed to all provincial and district councils. Two further factsheets will be developed over the next quarter.

The national response to HIV/AIDS has always been seriously underfunded; neither government nor donors have yet been able to match the figures needed to be able to tackle the epidemic comprehensively. Over the coming months, however, Indonesia faces the prospect of increased financial resources becoming available. This will bring its own challenges, with difficult decisions needed on the most appropriate mechanisms for managing and directing this potential funding. ASA has been providing input for some of these decisions. In April, ASA worked with MOH and WHO to prepare a proposal for Round Four of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Discussions were held with UNDP regarding a proposed UNDP Trust Fund initiative, which would provide substantial financial commitment to expand implementation at province and district levels, and, at the same time, strengthen national and local coordination and management systems through the KPA and KPAD. ASA is contributing to the development of a proposal for DfID, which intends to commit substantial additional funds. Some of the activities under this proposal may be managed by ASA.

In May, ASA participated in a coordination meeting with IHPCP and UNAIDS to consider the strategic positioning of bilateral programs vis-à-vis the national strategy, with regard to furthering the consolidation of the national leadership on HIV/AIDS. This process, begun under the previous Coordinating Minister for People's Welfare, needs to be extended to local leadership.

On the sidelines of the International Harm Reduction meeting in Melbourne, IHPCP and ASA facilitated a meeting between the Minister of Health, the Director General of CDC&EH and former Australian Health Minister Neil Blewitt, who presided over the development of Australia's visionary HIV/AIDS strategy in the 1980s. The strategy, which stressed community involvement, condom promotion for sex workers, and harm reduction for IDUs, has ensured that prevalence is minimal among IDUs and nonexistent among sex workers. The discussion covered the structures established for Australia's national AIDS commission and advisory groups.

Efforts continued to establish a comprehensive prevention and harm reduction program for the country's prison system, which is currently experiencing an explosion in HIV cases. In June, former Director General of Prisons Adi Suyatno, who is now assisting in the development of this program, visited the Ministry of Justice and Human Rights training center to discuss the training component of the proposed TB/HIV/STI integrated program for prisons. Further details of this initiative are given above under Section 1.5 of this report.

The spread of the epidemic on the African continent has demonstrated clearly that HIV/AIDS is not just a health issue; it can also have a devastating impact on economic development. As a result, governments, donors, and other stakeholders are increasingly looking into how HIV/AIDS can be mainstreamed into development programs. The Global Development Alliance—an initiative between USAID and British Petroleum—convened a meeting on June 1 and 2 in Manokwari, Papua, which brought together ASA and several USAID cooperating agencies involved in the Bird's Head region. The objective of the meeting was to explore how HIV, as both a global health threat and a governance issue, could be integrated into development programs.

Community development was also the subject of a meeting with Victor Botini of the World Bank, who was interested to know how HIV/AIDS themes could be integrated into World Bank programs.

A number of activities took place this quarter in connection with the Sentani Commitment, a high-level statement of intent to scale up efforts to fight the epidemic in six priority provinces. KPA consultant, Dr Nafsiah Mboi, chaired an event in Papua on June 15, during which the Commitment was introduced and explained to local officials (district heads and heads of regional government offices). Similar activities also took place in Riau, where officials drew up a provincial commitment which has been signed by all district heads.

RP3					
<u>Indicators</u>	Target	QI	QII	QIII	Total FY04 to Date
~Press reports on HIV related Issues	500	202	127	119	448

RP 4: Strengthened Capacity of Local Organizations to Plan, Finance, Manage and Coordinate HIV/STI Responses

One of the prerequisites for the development of a coordinated and comprehensive response to the epidemic is that everyone has access to all relevant information and has similar levels of awareness. Many provinces and districts have been working on developing strategic plans, and identifying critical constraints to effective implementation. Clearly, one constraint is a lack of funding, but KPADs at both

province and district levels also lack personnel with the appropriate skills to carry out the advocacy, analysis, coordination, and monitoring needed to sustain the program without external support. One of ASA's priorities is therefore to support the development of an internal training structure within the KPA network. This quarter, ASA assisted the national KPA on curriculum design for a TOT for national KPA team trainers. Once trained, these people will train provincial level KPA officials in strategic planning and implementation. Provincial trainers will, in turn, train district-level KPA officials. By getting a sufficient volume of skilled staff in place, this system is expected to contribute to a more coherent response to the epidemic countrywide. The first training of trainers is planned for August.

Other practical forms of support are also being developed, including monitoring tools that can be used by province and district level KPAs. With support from both ASA and IHPCP, the KPA has engaged a consultant to produce a booklet for KPA members outlining their various areas of responsibility as KPA members. Guidance is provided on several subjects, including KPA management, and providing technical assistance.

With religion playing an important part in the life of a majority of the country's population, ASA has continued to facilitate faith-based organizations to play an active role in the response to the epidemic. Workshops are effective mechanisms for religious leaders to develop a more comprehensive knowledge of HIV/AIDS and consider how the teachings of their respective faiths can accommodate issues of prevention, care, and support of those infected and affected, as well as non-discrimination. A three-day workshop for religious leaders was held in North Sumatra this quarter, with representatives of the Christian, Muslim, Buddhist and Hindu faiths. By the close of the workshop, the participants had produced a policy statement on their joint support for HIV prevention, including 100% condom use. A similar workshop was held in Manado from April 15 - 16, for 50 participants from local religious groups during which a strong commitment to respond to HIV/AIDS was achieved.

Capacity building for partner NGO's was also a priority this quarter, especially in the areas of monitoring and evaluation and financial management. The ASA monitoring evaluation team visited all target provinces except Maluku, and together with the ASA provincial staff provided direct, hands-on technical assistance in monitoring to a sample NGO's in each province. Not only did this allow the M+E team to get first hand feedback concerning constraints and misunderstandings related to the ASA reporting mechanism, but also provided the opportunity for ASA provincial staff to learn how to provide effective technical assistance. Following the visit, the provincial staff were charged with providing similar assistance on monitoring and evaluation to all other partner NGO's in their area. Follow-up visits to each province are planned over the next two quarters, to ensure that proper monitoring and reporting is happening throughout the ASA Program.

The fund management team also provided direct technical assistance to 24 new partner organizations this quarter, focusing on explaining FHI and USAID financial policies, setting up a simple accounting system using ASA developed software, and working with the finance person in each respective IA to operationalize appropriate accounting and reporting procedures. Several cases of financial irregularities were also

audited, and corrective action taken. In some cases this involved more stringent control by program managers; in one case the relevant staff member was replaced; and in three cases subagreements were terminated after proof of consistent, fraudulent accounting was obtained.

RP4					
Indicators	Target FY04	QI	QII	QIII	Current Number
~# of KPAD with a Strategic Plan					
-Provincial	10	6	9	10	10
-District	37	9	15	18	18
~# of KPAD Members Trained in Advocacy	94	-	-	-	-
~# of KPAD with Written Plans for Advocacy	6	-	-	-	-
~# of IAs Completing Annual Financial Review	86	7	17	44	68
~# of IAs Submitting Monthly Financial Reports	111	75	72	83	83
~# of IAs Submitting Monthly Program Reports	111	72	70	77	77
~# of IA Staff Trained in M&E	222	-	34	172	172

RP 5 : Increased Leveraging of Non-Program Programmatic Interventions and Financial Resources

The government has taken a significant step towards dispelling stigma and discrimination against people with HIV/AIDS by passing a Ministerial Decree on HIV/AIDS Prevention and Control in the Workplace. The Decree, signed on April 26 by the Minister of Manpower and Transmigration, is based on the ILO Code of Practice on HIV/AIDS and the World of Work, and prohibits employers from all forms of discrimination against workers who are HIV positive, and bans compulsory HIV testing. Further, it requires employers to take adequate measures, through occupational safety and health schemes and training, to prevent the spread of HIV/AIDS in the workplace.

The decree came about in part through the efforts of a working group comprising IHPCP, ASA, its NGO partners KKI and YKB, the International Labour Organization and the Ministry's Occupational Safety and Health unit. This led to the signing, in 2003, of the National Tripartite Declaration of Commitment to Combat HIV/AIDS in the World of Work. The parties to the Tripartite Declaration—the Coordinating Minister for People's Welfare, the Minister of Manpower and Transmigration, the

Chairs of APINDO (the Indonesian Employers' Association) and KADIN (the Indonesian Chamber of Commerce) and the heads of the three major union confederations in Indonesia—followed this up with regional commitments and the draft ministerial decree. The working group provided technical support at all stages of the process.

The decree was enacted in May. To mark its official launch, a press conference was held as well as a presentation of awards from UNAIDS and YKB to six companies that have shown high commitment to maintaining HIV/AIDS workplace prevention programs.

The media were also invited to cover various activities under the HIV/AIDS program at Krakatau Steel. During the visit, the group of 30 journalists met the Board of Directors and observed internal TOT programs for engineering and security staff.

With the Ministerial Decree in place, more companies are seeking information and advice on how to set up workplace programs in order to fulfill their obligation to provide HIV/AIDS education and training. Over this quarter ASA's implementing agencies KKI and YKB held executive briefings for several companies with headquarters in the Jakarta area, while YMA briefed several companies in East Java. In April, briefings were held for Astra, Conoco Philips, Trakindo, 3M, Shell, BP, VICO, ExxonMobil and Unocal. The following month, similar activities were held for seven companies under the Gadjah Tunggal Group, and for Wings Surya, Maspion, Aqua and Surya Kertas in Surabaya. In June, ASA's partners briefed transport company Mayasari Bakti, and the Forestry Workers Union during their national meeting. A briefing was also held for Indomobil, which manufactures and sells some 1,200 public transport vehicles annually. Indomobil requested assistance in designing a sticker carrying an HIV prevention message that they intend to put on all such vehicles.

The Indonesian Employers' Association, Apindo, included a briefing on HIV/AIDS programs on the agenda of their national 'golden members' meeting. This event, held for the Association's largest member companies, was attended by Apindo's Chairman and national committee, and was a valuable opportunity to advocate to the senior executives of some of Indonesia's strongest organizations.

A slightly different advocacy approach was used in June, when a field event was held for representatives of ten Jakarta-based companies at the headquarters of Yayasan Pelita Plus, a PLWHA support group. The visitors met several HIV positive people and discussed some key issues surrounding HIV and STI prevention programs and practicing nondiscrimination in the workplace.

Foreign chambers of trade have proved to be a useful channel for reaching the many foreign companies operating in Indonesia and laying the groundwork for further contact. In April, ASA gave a presentation at the AMCHAM (American Chamber of Trade) breakfast briefing. Previous contacts with foreign corporations have already proved fruitful. BP and ASA jointly supported a photo exhibition by Tegak Tegar at BP's Indonesian headquarters in May, while in June, Standard Chartered Bank sponsored an exhibition and VCT campaign at their head office.

Workplace Training and Education

The response from executive briefings held over this and previous quarters has been very promising—again, stimulated in part by the new Decree—and several companies requested ASA’s assistance to train their occupational safety and health teams to set up and run prevention education and training programs. This quarter, YMA conducted training at Milan Keramik, Abadi Mula and Wings Surya in the Surabaya area. In Jakarta and West Java, KKI and YKB trained workplace trainers at Panasonic Gobel, Krakatau Steel and Hyundai in April. The latter two followed up with a second round of training in May; RNI in Cirebon, Pertamina Shipping Division in Jakarta and BTN in Purwakarta also underwent follow-up training in May. Initial training was held for training officers of the Shangri La Hotel in Jakarta and VICO, which followed up with a second round in June. Other company teams trained in June were Unocal, Total Indonesia and BP.

Several companies with teams previously trained by KKI, YKB and YMA are now running their own TOT programs. This quarter, KKI provided technical assistance for internal TOTs at the headquarters of Perumnas and at the Depok branch of BTN.

A large-scale training and education pilot program is currently in preparation for the Tanjung Priok Port Authority. As Indonesia’s largest port, Tanjung Priok deals with a huge volume of traffic every day and has one of the highest concentrations of ‘mobile men with money’ in the country. With BSS data indicating the high levels of risk behavior practiced by this group, the port is key target for interventions. Under the Healthy Ports and Highways strategy, ASA has supported previous activities in Tanjung Priok but the new program will scale these up considerably. The program, which is being run with the cooperation of the Ministry of Transport, will be coordinated by KKI and will involve several agencies. IHPCP will provide policy support while ILO will work with the labor unions and UNAIDS will develop media activities. KKI and YKB will do training at management level, while KAKI, a grassroots NGO, will work with port laborers. ASA will provide technical support.

ASA is also exploring the possibility of carrying out another large-scale Healthy Ports and Highways intervention connected to the upgrading of the Trans-Sumatra Highway. In April, ASA took part in a planning workshop with ADB and the Public Works Department to discuss the delivery of HIV/AIDS prevention programs through the contractors on this project, which is scheduled to begin in January 2005.

NGO Capacity Building

As well as advocating and working directly with companies on training and program facilitation, KKI and YKB have the additional responsibility of providing technical support to other NGOs to do the same. This quarter, KKI trained new staff at PKBI South Sumatra, one of the ‘second tier’ NGOs, which has recently undergone restructuring and recruited several new staff.

RP 5					
<u>Indicators</u>	Target FY04	QI	QII	QIII	Current Number
~# of IAs Trained in Promoting Private Sector Leveraging	60	5	22	22	22
~# Private Sector Firms with Workplace Programs	100	71	91	94	94

3. FHI/ASA MANAGEMENT AND STAFFING

Throughout this quarter management of the ASA Program proceeded smoothly.

Subproject Development

During the quarter, 21 new subagreements were executed, six were terminated because of financial irregularities or poor performance, and eight were amended to extend funding for one additional year. The current total of active subagreements is 91. Five Rapid Response Funding activities were also executed this quarter. The Task Orders for the three Partner Organizations continued as well. Please refer to **Attachment 1** for a list of **Subprojects Completed This Quarter** and **Attachment 2** for a **Comprehensive List of All Active Subagreements** and their achievements to date.

FHI Regional Meetings

Two ASA senior staff attended the FHI Regional Management Meeting in Bangkok from April 26 to 28 during which experiences with program implementation and technical innovations were shared, and recent policy developments discussed. Three additional staff attended the concurrent FHI Regional Finance Meeting from April 26 to 30, and received updates on the MTX accounting system software, reviewed finance and administrative procedures, and engaged in problem solving with the finance staff from both the Asia and Pacific Division and FHI Headquarters. These meetings were excellent opportunities for cross-fertilization among the twelve HIV prevention and care programs that FHI manages throughout the region.

Workplan Development

The process to develop the ASA Program Workplan for Year Five began in May with a series of meetings to review program accomplishments and changes in epidemiological data, and set the basic strategy for the final year of program implementation. This was followed by meetings with each technical team to identify appropriate activities and realistic targets for the next year, within the basic mandate

to significantly increase coverage and improve the quality of all ASA interventions. A draft Workplan will be presented to FHI's APD in early July, and following any necessary revisions, to USAID by mid July, with the hope of finalizing the document by August 1, 2004.

Financial Monitoring by FHI Headquarters

In order to augment the annual audits by Ernst and Young, FHI Headquarters has instituted a new procedure of annual internal financial monitoring of each FHI country office worldwide. From May 18 to 23, Ms. Lori Mitchell, FHI's Manager of Internal Audit, visited Jakarta for a comprehensive and thorough review of financial management. She found that all aspects of ASA's financial administration were in accord with USAID and FHI policies and procedures, though she did recommend strengthening the financial data backup system and continuing mentoring of provincial administrative staff in bookkeeping. Overall, she rated FHI Indonesia among the very best managed of FHI country offices.

Monitoring

As in each previous quarter, monitoring trips were made to all ten target provinces this quarter. The improvements in the ASA monitoring system are being implemented in almost all areas, and have helped to facilitate more comprehensive reporting and better quality of information. Site visits to implementing agencies by ASA provincial staff have become routine, though a higher priority needs to be given to monitoring by the technical staff in Jakarta who often have trouble fitting these trips into their already full schedules. The ASA M&E team will continue to work with ASA provincial staff on hands-on, practical training in monitoring for each partner organization with the goal of instilling the idea that monitoring is an important and worthwhile part of their own program management, and not just a bothersome reporting requirement from ASA.

The monitoring of the financial management of all subprojects continued as well. All partner organizations continue to provide complete and timely monthly financial reports. ASA has provided direct financial monitoring based on the FHI standard financial and administrative checklist to 35 organizations this quarter, all with excellent results.

Staffing

The following changes in staffing occurred this quarter:

- Dian Widyanarti resigned her position as Executive Secretary on April 30 to devote more time to finishing her degree, and was replaced by Andrina Rivai on June 21.

- Rachel Fransisca Suweny resigned her position as Secretary for the ASA Papua Office effective April 30, and was replaced by Nurul Khumariyah on April 21.
- Timore Kristiani assumed the vacant position of District Officer in Sorong on May 17.
- Aron Pardede resigned his position as Senior Finance Officer to resume his education in Australia effective June 18, and was replaced by A. Hari Suhendra.
- Fransisca Triwahyuni assumed the vacant position of Contract and Grants Officer on June 23.

Consultants

The ASA Program received technical assistance from the following consultants during this quarter:

- Made Efo Suarmiarta and Supriyanto continued their assistance as facilitators during the training of peer educators within the uniformed services in Jakarta, as well as in the Basic Outreach Skills Training in various provinces.
- Mitu M. Prie continued her assistance to ASA prevention marketing activities, capacity building with the Tegak Tegar group of people living with HIV/AIDS, and the organization of the proposed seminar on male sexual health.
- Nur Tjahjo continued his excellent assistance in the design and development of a wide range of IEC materials, and has been joined by two additional media development experts, Arifin Fitrianto and Bambang Irawan.
- Dede Oetomo contributed several days of his time to assist in the planning of the proposed seminar on male sexual health, which will be implemented in September 2004.
- Awalludin continued to assist with confirmatory testing of laboratory samples from partner STI clinics as well as other ASA laboratory activities.
- Astrid Wiratna has also continued to assist with the training and mentoring of counselors to provide quality care and support for people living with HIV/AIDS.
- Flora Tanujaya has provided exceptional assistance in finalizing the report of the RTI study among female sex workers and continues to assist with a wide range of technical and program issues.

- Hari Purnomo has provided assistance in designing the sampling mechanism and organizing data collection for the IDU component of the BSS with Talenta in Surabaya.
- Nafsiah Mboi continued her assistance to the National AIDS Commission, and has been especially active in developing the concept for capacity building for local commissions and advocacy with provincial decision makers.
- Jolanda Sumuai has been providing secretarial assistance to the National Narcotics Board, beginning in May 2004.
- Adi Sasongko has continued to provide assistance during executive briefs for major private sector firms and other private sector leveraging activities.
- As usual, Sally Wellesley has continued to provide her excellent assistance in the preparation of reports.

Visitors

The ASA Program received the following international visitors during this quarter:

- Philippe Girault from FHI APD assisted during the USAID HIV/AIDS Strategy Review, and provided expert assistance to MSM and military activities from May 10 to 18.
- Jeanine Bardon, Regional Director from FHI APD visited from May 14 to 16 to participate in the final sessions of the USAID review, followed by strategic planning discussions with senior ASA staff.
- Paul Hardacre from the Center for Harm Reduction, Macfarlane Burnet Institute, visited Indonesia from May 12 to 20 to facilitate the NGO Harm Reduction Workshop in Bandung as well as provide technical assistance on a variety of harm reduction issues.
- Graham Neilsen from FHI APD provided technical assistance on STI clinical activities and the RTI survey during his visit from May 16 to 21.
- Lori Mitchell, Manager of Internal Audit from FHI Headquarters in North Carolina, performed a financial monitoring procedure for the ASA Program from May 18 to 23.
- Rui Carvalho from FHI East Timor visited from May 18 to 24 to learn about ASA's monitoring and evaluation system and BCI activities. He also returned to Jakarta from June 20 to 25 together with six representatives from East Timor NGOs to participate in a session of the Basic Outreach Skills Training organized by ASA in Jakarta.

- Myat Htoo Razak from FHI's APD provided technical assistance on harm reduction during his visit from June 22 to 25.

4. PRODUCTS AND MATERIALS PRODUCED THIS QUARTER

The following products were produced this quarter:

- A Report: "*Laporan Advokasi and Penilaian Cepat Konseling dan Testing Sukarela (VCT) 9 Kota di Indonesia*" detailing the results of advocacy and assessment of VCT services in nine cities.
- A Sticker: promoting condoms; for use with truckers.

5. MAJOR ACTIVITIES PLANNED FOR THE NEXT QUARTER

Major activities planned for the next quarter, July to September 2004, by the ASA Program include:

- Subagreement Development. ASA will finalize and execute an additional eight subagreements early in the next quarter, which will bring the total of active subagreements to 99.
- An External Evaluation of the ASA Program will be organized by USAID from August 16 to September 4, including trips to project sites in Jakarta, Central Java and North Sulawesi.
- Training in Basic Outreach Skills will be organized for partner NGOs in Riau from July 1 to 3, and in North Sulawesi from July 27 to August 4.
- A Qualitative Study of Sexual Behaviors of FSW, Waria, and their Clients will be implemented in five high priority provinces with the assistance of Ninuk Widianoro beginning in late July until December 2004.
- IEC materials will be produced including a variety of materials for MSM and the uniformed services, flipcharts for outreach to FSW and Clients and for use in STI clinics, and leaflets for IDU peer leaders.
- Provincial Working Groups for Prison Interventions will be officially launched in Jakarta and East Java in August.
- Pretesting of Modules for Training in HIV Prevention for Inmates in selected prisons in Jakarta and West Java will be carried out in July and August.
- Training for Peer Leaders in the Military in Papua will be organized in Jayapura from August 4 to 13.

- Training in Indigenous Leader Outreach Management for all new partner organizations working with IDU will be held in Jakarta from July 12 to 16, and two-day Refresher Trainings will be organized in Jakarta, Manado, Medan, and Bandung during August and September for older partners.
- A National Workshop for NGOs working in Harm Reduction will be held in Puncak from July 28 to 30.
- An Exhibition of ASA Program Activities will be organized in collaboration with the KPAD of Sorong, Papua, during the next Global Alliance workshop from July 12 to 14.
- Photo exhibitions of PLWHA will be organized in selected high schools and universities throughout greater Jakarta in collaboration with Tegak Tegar this quarter.
- Development and pretesting of the new TV Campaign focusing on harm reduction will begin in late July.
- Print promotion of condoms will continue throughout the quarter in both national and local newspapers and magazines.
- Evaluation research on the effectiveness of the condom media campaign which ran from April to July 2004 will be implemented with ACNielsen in September.
- A series of national radio talk shows on Radio 68H will begin in August, and on Prambors Radio Station in collaboration with KKI and Tempo Magazine in September.
- Training in STI Clinical Management for new partner clinics will be implemented in Surabaya from August 9 to 14.
- Training in HIV Testing for Laboratory Technicians from partner IAs will be held in Depok from August 2 to 7 in collaboration with the Ministry of Health.
- The second round of Field Trials for GC Resistance will be organized in East and Central Java in July and August, with final results available in September.
- Regional meetings for program managers and one additional staff member from each partner STI clinic to exchange experiences and discuss improvements in service will be held in Batam, Surabaya, and Jayapura in early September.
- Training for VCT counselors will be held in Bandung from July 15 to 17, in Jakarta and Palembang from July 26 to 30, in Surabaya and Jayapura from August 9 to 13, and in Sorong and Bitung from August 16 to 20.

- Data collection will continue for the current round of the BSS with BPS, including data on MSM behavior in Jakarta during July and in Surabaya during August, and IDU behavior in Surabaya during August. Preliminary analysis will begin in late August.
- Data Management Training and Workshops for Estimation of Populations at Risk will be scheduled in North Sumatra, South Sumatra, Central Java, and North Sulawesi throughout the quarter.
- Strategic Planning Workshops for both provincial and district level AIDS Commissions will be held in Jayapura, Irian Jaya Barat, Batu, and Bandung.
- Advocacy Workshops with the local legislature and government will be organized in Papua and North Sulawesi in order to increase commitment and support for HIV/AIDS interventions.
- Regional training of trainers for Provincial KPAD Assistance Teams will be organized in collaboration with the National AIDS Commissions in Bali from August 23 to 28 and in Jakarta from September 13 to 18.
- A Traditional Puppet Performance incorporating HIV/AIDS messages will be organized for national leaders and diplomats on August 20 at Taman Mini Indonesia in Jakarta. This will be preceded by training of puppet masters in Solo from July 1 to 3, and for additional puppet groups in Yogyakarta, Solo, and Surabaya during early August.
- The integrated Healthy Ports and Highways Program in Tanjung Priok, Jakarta will be officially launched on July 21 in collaboration with IHPCP, ILO, UNAIDS, and the Ministry of Transportation.

ABBREVIATIONS USED IN THE REPORT

AHRN	Asian Harm Reduction Network
APD	Asia Pacific Division
ART	Antiretroviral Therapy
ASA Program	Aksi Stop AIDS Program
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BNN	Badan Narkotika Nasional (National Narcotics Agency)
BNP	Badan Narkotika Propinsi (Provincial Narcotics Agency)
BPS	Biro Pusat Statistik (Central Bureau of Statistics)
BSS	Behavior Surveillance Survey
CDC	Center for Communicable Disease Control (P2M)
CHR	Centre for Harm Reduction, Burnet Institute
CST	Care, Support and Treatment
DfID	Department for International Development
DKI Jakarta	Daerah Khusus Ibukota Jakarta (the provincial-level administrative unit covering Jakarta)
DPR	Dewan Perwakilan Rakyat (House of Representatives)
FBO	Faith-based Organization
FHI	Family Health International
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOI	Government of Indonesia
GIPA	Greater Involvement of People with HIV/AIDS
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IDU	Injecting Drug User/Injection Drug Use
IEC	Information, Education and Communication
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
IHPCP	Indonesia HIV/AIDS Prevention and Care Project Phase 2 (AusAID)
ILO	International Labour Organization of the United Nations
ILOM	Indigenous Leader Outreach Management
KPA	Komisi Penanggulangan AIDS (National AIDS Commission)
KPAD	Komisi Penanggulangan AIDS Daerah (Regional AIDS Commission)
KKI	Komite Kemanusiaan Indonesia
LPDS	Lembaga Pers Dr Soetomo
MOH	Ministry of Health
MOJ&HR	Ministry of Justice and Human Rights
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
P2M	Dit. Pemberantasan Penyakit Menular (Directorate of Communicable Disease Control)
PKBI	Perkumpulan Keluarga Berencana Indonesia (Indonesian Planned Parenthood Association)
PLWHA	People Living With HIV/AIDS
PSA	Public Service Announcement

RP	Result Package
RRF	Rapid Response Fund
RSPI	Rumah Sakit Penyakit Infeksi, Infectious Diseases Hospital
SA	subagreement
SOP	Standard Operating Procedures
STI	Sexually Transmissible Infection
TA	technical assistance
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
waria	Male transvestite/transsexual
WHO	World Health Organization
YKB	Yayasan Kusuma Buana (Jakarta)
YMA	Yayasan Mulia Abadi